

PTO/SB/17 (10-07)

Approved for use through 06/30/2016. OMB 0851-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2008☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) **460.00****Complete If Known**

Application Number	10/643395
Filing Date	August 18, 2003
First Named Inventor	Klausjoerg Klein, et al.
Examiner Name	Kishor Mayekar
Art Unit	1753
Attorney Docket No.	FA1059USNA

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CENTRAL FAX CENTER**OCT 30 2007****METHOD OF PAYMENT (check all that apply)**

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☒ Deposit Account Deposit Account Number: 04-1928 Deposit Account Name: E. I. du Pont de Nemours and Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	<input type="checkbox"/> 310	<input type="checkbox"/> 155	<input type="checkbox"/> 510	<input type="checkbox"/> 255	<input type="checkbox"/> 210	<input type="checkbox"/> 105	0.00
Design	<input type="checkbox"/> 210	<input type="checkbox"/> 105	<input type="checkbox"/> 100	<input type="checkbox"/> 50	<input type="checkbox"/> 130	<input type="checkbox"/> 65	0.00
Plant	<input type="checkbox"/> 210	<input type="checkbox"/> 105	<input type="checkbox"/> 310	<input type="checkbox"/> 155	<input type="checkbox"/> 160	<input type="checkbox"/> 80	0.00
Reissue	<input type="checkbox"/> 310	<input type="checkbox"/> 155	<input type="checkbox"/> 510	<input type="checkbox"/> 255	<input type="checkbox"/> 620	<input type="checkbox"/> 310	0.00
Provisional	<input type="checkbox"/> 210	<input type="checkbox"/> 105	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

210

105

370

185

Total Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

- 20 or HP = _____ x 50.00 = _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

- 3 or HP = _____ x 210.00 = _____

HP = highest number of independent claims paid for, if greater than 3.

YES ☐ 370.00**Multiple Dependent Claims**

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets**

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

- 100 = _____ / 50 = _____ (round up to a whole number) x 260.00 = 0.00

4. OTHER FEE(S)☐ Non-English Specification, \$130 fee (no small entity discount)☒ Other (e.g., late filing surcharge): **2-MONTH EXTENSION****Fees Paid (\$)****460.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	40,296	Telephone	(302) 892-6526
Name (Print/Type)	KEVIN S. DORSON	Date	October 30, 2007		

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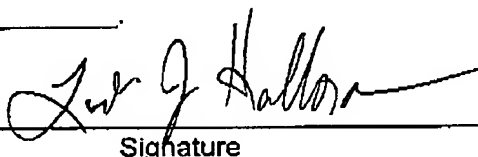
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2-MONTH EXTENSION (1 PG.)

FEE TRANSMITTAL SHEET (1 PG.)

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